

**SUPERIOR COURT OF WASHINGTON FOR THE COUNTY OF
JUVENILE DIVISION**

VOLUNTARY FOSTER CARE
PLACEMENT OF:

NO.

**PETITION FOR COURT VALIDATION OF
VOLUNTARY CONSENT TO FOSTER CARE
PLACEMENT OF AN INDIAN CHILD**

An Indian Child

I. BASIS

I represent to the Court the following:

1.1 Information about the child:

Name: _____

Date of birth: _____ Age: _____ Sex: _____

Address: _____

- ☐ The child's residence/domicile is located within the reservation boundaries of the _____
Tribe.
- ☐ The child's residence/domicile is not located within the boundaries of an Indian reservation.
- ☐ There is not enough information available at this time to determine whether the child's residence/domicile is
within an Indian reservation.

1.2 The child is or may be an Indian child as defined by the Indian Child Welfare Act, 25 U.S.C. 1903(4). The child:

☐ Is a member of _____ Tribe. The tribe's address is:

☐ Is eligible for membership in _____ Tribe and is the biological child of a tribal member.
The Tribe's address is: _____

☐ Is of Indian ancestry and may be a member of or eligible for membership in a federally recognized Indian tribe.
Further efforts will be made by the petitioner to ascertain whether the child is an Indian child as defined by the
Indian Child Welfare Act. The following efforts have been made to verify whether the child is Indian and to identify
the tribal affiliation of the child and the parents/Indian custodian:

1.3 The child is or may be an Indian child as defined by the Indian Child Welfare Act, 25 U.S.C. 1903(4). The child:

- ☐ The child ☐ is ☐ is not the subject of any Tribal Court custody order. A copy of each such order is attached.
- ☐ The child ☐ is ☐ is not a ward of Tribal Court.
- ☐ There is not enough information available at this time to determine if the child is a Tribal Court ward.

1.4 Known information about the parent(s)/Indian custodian(s):

a. Name of consenting parent(s)/Indian custodian(s): _____

Address: _____

Tribal affiliation: _____

b. Name of non-consenting parent(s): _____

Address: _____

Tribal affiliation: _____

DISTRIBUTION: White - Court File Yellow - Service File Pink - Parent/Indian Custodian Goldenrod - Indian Tribe

c. Name of Indian custodian(s): _____

Address: _____

Tribal affiliation: _____

The Indian custodian ☐ has ☐ has not consented to foster care placement of the child.

1.5 The consenting parent/Indian custodian of the child wishes to voluntarily consent to foster care placement of the child for the following reason(s): _____

1.6 The consenting parent/Indian custodian of the child cannot or will not assume custody of the child for the following reason(s): _____

1.7 The non-consenting parent/Indian custodian ☐ agrees with ☐ opposes foster care placement of the child.

1.8 The child will be placed with:

☐ A member of the Indian child's extended family

☐ A foster home approved by the Indian child's tribe

☐ A licensed Indian foster home

☐ An institution for children approved by an Indian tribe or operated by an Indian organization which has a program suitable to meet the Indian child's needs.

1.9 The child will not be placed in any of the preferred placements listed in section 1.8 because: _____

1.10 Known information about the prospective foster care placement.

Name of care providers: _____

Address: _____

Tribal affiliation (if any): _____

1.11 Agency/person that arranged foster care placement.

Name: _____

Address: _____

II. RELIEF REQUESTED

I request that the court set the matter for a validation hearing and that the court validate the voluntary consent to foster care placement, as provided in Chapter 13.34 RCW and 25 U.S.C. 1913(a).

DATE _____

PETITIONER _____

TITLE/AGENCY/RELATIONSHIP _____

III. CERTIFICATION

I certify under penalty of perjury under the laws of the state of Washington that the foregoing representations are true and correct.

Signed at _____, Washington, this _____ day of _____ 20 _____

SERVICE WORKER

ADDRESS

STREET

CITY

STATE

ZIP CODE

TELEPHONE NUMBER